

Instructions for Completing Individual Application Forms

Instructions for Project Data Sheet

If the form is closed without all the required fields completed an error warning will alert you that certain fields need to be completed. The form can be saved and closed and re-opened at a later period to complete the required information.

1. Applicant Information

- Project Number – Leave blank (assigned by area board)
- Project Name – Provide a short descriptive name for the proposed project (55 character limit)
- Organization Name – Applicant's legal name
- Organization Website – If applicable, provide the applicant's website address
- Organization Address – Street and floor or suite number
- Organization City/State – City and State
- Organization Zip Code – five or nine digit zip code
- Taxpayer ID Number – Provide taxpayer identification number (TIN)
- Project Period – Month/Day/Year. Use numbers. (i.e., XX/XX/XXXX)

2. Project Information

- Type of Applicant – Select the type of applicant from the pull down menu (i.e., Non-profit, School District, County, etc.) Select only one. *Partnerships/collaborations must choose one organization as the primary applicant.*
- Type of Project – Leave blank (Assigned by area board)

3. Project Funding – The “total project costs” must equal the total of “SCDD grant funds” plus “applicant matching funds.” The federal government is requiring matching funds on all grants awarded by the Council/area board. A match of 25% is required for Non-Poverty areas and a 10% match is required for services that will be provided in poverty areas. The match may be in-kind funding.

- Grant Type – Select Poverty or Non-Poverty from the pull down menu. The U.S. Census Bureau provides information on the percent of persons in poverty by state and county. Go to www.census.gov/. In the “People” section, click on “Poverty”. Click on “Small Area Income and Poverty Estimates” to access the state and county data.

4. Contact Information – List the appropriate individuals with whom the area board will communicate for the indicated purposes. Use the check box to auto-fill repetitive information for a contact. The auto-fill information can be over written if necessary (i.e. email addresses).

5. Signatory Authority – Identify the organization Director (CEO or equivalent) who can legally enter into a contractual agreement on behalf of the applicant.

Instructions for Project Narrative

Applicants will provide the narrative description of their proposed projects using the Project Narrative outline. Respond to all the components as indicated. Do not exceed eight (8) pages.

1. Abstract

- Provide a one paragraph abstract that clearly states the project goal, the major activities of the project and the impact it will have on people with developmental disabilities.

2. Qualifications

- Describe your organization's qualifications to implement the proposed project, including your experience working with people with developmental disabilities.
- Identify any organizations that will be collaborating on the project, and provide a brief description of their role.

3. Methodology

- Provide a detailed narrative about the project, including information on the methodology to be used and an overview of project activities.
- Explain how the proposed project is consistent with the Council's mission.
- State who the target population is and why it is being targeted.
- Specify if the project targets individuals in a federally identified poverty area(s).
- Describe the role of people with developmental disabilities in the project.
- Provide a brief description of project functions for each staff and any subcontractors identified for the project.

4. Outcomes & Evaluation

- Describe the major expected outcomes of the project, and how successful completion of the project will impact people with developmental disabilities.
- Describe how you will evaluate the outcomes of the project
- Specify the expected number of people to be served by this project by the following categories:
 - Number of individuals with a developmental disability
 - Number of family members
 - Number of other individuals
- Describe how activities will continue after the project is completed.

Instructions for Project Budget Plan

Develop a line item budget for the project. For each itemized category, specify the total project costs, description of expense, and the expense charged to SCDD/area board funds. A line item expense under a category must include a description of the line item expense. Grant recipients are not required to provide a non-federal match, but they are encouraged to do so. If your organization is providing a match, identify the expenses under the Matching Funds column and identify the source of those funds.

1. Project Information

- Project Number – Leave blank (assigned by area board)
- Project Name – Must be identical to the project name on the Project Data Sheet and Project Narrative.

Attachments

Include Attachments 1 –5:

1. Continuation of Funding Verification
2. Letters of Support
3. Organizational Chart
4. Duty Statements/CV
5. Previous Grants